AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless 2011. 29.44

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		CERTIFICATED COMF	PANY INFORMATION	
Tel	co Partners, In	С.		
	pany Name		·	
	•		610-941-4460	
Dba/f	ika		Telephone #	
107	W Michigan 4th	ជា	reliabilities is	
	ng Address	<u> </u>		
<u>Kal</u>	amazoo MI 49007			
City,	State, Zip Code			
470	Norristown Rd S	Ste 201		
	ess Location			
Blu	<u>e Bell</u> PA 19422		Montgomery	
	State, Zip Code		County	
			County	
		REGISTERED AGE	NT INFORMATION	
Regis	tered Agent: B Allsto	on Moore Jr		
Mailin	g Address: <u>5 Exchan</u>	ge St		
014	o =			
City, S	State, Zip Code: Charl	eston SC 29401		
	Durana to the Committee	Sanda - 1 - 1 - 0		
	Pursuant to the Commiss	ion's rules and regulations, p	<u>rint or type company contact for the followir</u>	<u>ig areas:</u>
Α.	Carla Guhin			
Λ.		address if different than above.)		
	• ,	,	/ hmoss@freespark.com	
	Telephone Number	Facsimile Number	E-mail Address	
_	•			
B.	Anna Robinson	plaints Representative (Include a	d	
		•	•	
	610-941-4460 x2 Telephone Number	241 / 800-644-7344 Facsimile Number	/ arobinson@freespark.com E-mail Address	
	relephone Number	racsimile Number	E-mail Address	
C1.	<u>Anna Robinson</u>			
		plaints Representative for Escala	•	n above.)
		241 / 800-644-7344	/ arobinson@freespark.com	
	Telephone Number	Facsimile Number	E-mail Address	
C2.	800-883-8775			<u> </u>
	Customer Contact (Toll Fr	ee Number)		
D.				
	Engineering Operations (Include address if different than ab	ove.)	-liberate
			I	<u> </u>
	Telephone Number	Facsimile Number	E-mail Address	
E.		<u></u>) Neight
	Test and Repair (Include	address if different than above.)	OLEHR 9 (Ul l'IUE
	Telephone Number	Facsimile Number	E-mail Address	

	Emergencies (During non	-office hours)				
	3 (3 ·····	1	ı			
	Telephone Number	Facsimile Number	E-mail Address			
addir	tion, please provide the follo	Owing company contest inform				
			ation to assist in proper routing of	correspondence and invoices:		
	Frank Scarding					
	Regulatory Officer (Include address if different than above.)					
	610-941-4460	<u>/ 800-644-7344</u>	/fscardino@freespa	rk.com		
	Telephone Number	Facsimile Number	E-mail Address			
	Dual Party Mailings (Nam	ie)				
	Mailing Address					
		1	1			
	Telephone Number	Facsimile Number	E-mail Address			
			a / .da/ 656			
	Interim LEC Fund Mailings (Name)					
	NA-112 A 1 1					
	Mailing Address	1				
	Telephone Number	Facsimile Number	E-mail Address			
	Patrick D Crocl		L-mail Address			
	Universal Service Fund Mailings (Name)					
	107 W Michigan 4th Fl, Kalamazoo MI 49007					
	Mailing Address	Ten Fi, Kalamazo	O MI 49007			
	269-381-8888	<u>/</u> 269-381-4855	/contact@nationwidere	egulatorycompliance		
	Telephone Number	Facsimile Number	E-mail Address	-3		
	Patrick D Crock					
	Gross Receipts Mailings (Name)					
	107 W Michigan	4th Fl, Kalamazo	O MT 49007			
	ivialling Address		O MI 45007			
	269-381-8888	/ 269-381-4855	/contact@nationwidere	gulatorycompliance		
	Telephone Number	Facsimile Number	E-mail Address	<u></u>		
	116 11 11 11 11					
	Lifeline Mailings (Name)					
	AA-H- A I I			_		
	Mailing Address	1	,			
	Telephone Number	Facsimile Number	E mail Address			
	i eleptione mumber					
	relephone Number	racsimile Number	Address			
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	Patrick D Crock	er				
	Patrick D Crock	er	Signature	3		
:	Patrick D Crock This form was completed by (President, Nati Regulatory Comp	er (print name) onwide				
:	Patrick D Crock This form was completed by (President, Nati	er (print name) onwide	Signature			
:	Patrick D Crock This form was completed by (President, Nati Regulatory Comp Title	er (print name) onwide liance, LLC	Signature 5/26/2011			
:	Patrick D Crock This form was completed by (President, Nati Regulatory Comp Title RETURN COMPLETED FORM	eer (print name) onwide liance, LLC WTO:	5/26/2011 Date	10/2 (1 70))		
:	Patrick D Crock This form was completed by (President, Nation Regulatory Comp Title RETURN COMPLETED FORM Public Service Co	eer (print name) onwide liance, LLC WTO:	Signature 5/26/2011 Date Office of Regulatory Staff	1/4 (a) 70)1		
:	Patrick D Crock This form was completed by (President, Nati Regulatory Comp Title RETURN COMPLETED FORM	rer (print name) onwide liance, LLC MTO: ommission of SC	5/26/2011 Date			